

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE INTEREST OF

**Order for
Trial Reunification**

Name

Date of Birth

Case No. _____

THE COURT FINDS:

- ☐ 1. A notice and request for a trial reunification was filed and no objection was received.
- ☐ 2. A notice and request for a trial reunification was filed and a hearing was held on [Date] _____.
3. The trial reunification ☐ is ☐ is not in the best interests of the child/juvenile.
4. The trial reunification ☐ satisfies ☐ does not satisfy the objectives of the permanency plan.

THE COURT ORDERS:

The request for trial reunification is

- ☐ 1. DENIED.
- ☐ 2. GRANTED. The trial reunification shall terminate on
☐ 90 days from the date of this order.
☐ _____ [no later than 90 days from the date of this order].
- ☐ 3. Other: _____

THIS IS A FINAL ORDER FOR PURPOSES OF APPEAL.

DISTRIBUTION:

1. Original - Court
2. Child/Juvenile/Attorney/Guardian ad Litem
3. Parents/Guardian
4. Legal and/or Physical Custodian/Attorney (if any)
5. Social Worker
6. Foster Home/Treatment Foster Home (if any)
7. District Attorney/Corporation Counsel
8. Tribe
9. Court-Appointed Special Advocate
10. Other _____

BY THE COURT:

Circuit Court Judge

Name Printed or Typed

Date